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EDITORS.

IS INSANITY INCREASING?

The popular idea shared in by the mass of the profession is that insanity is greatly on the increase in this country. Dr. Chas. F. Folsom, in a series of thoughtful lectures published in the Boston Medical and Surgical Journal, discusses at length the subject of insanity, and in Lecture IV takes the ground that the increase of this malady is more apparent than real. He says, truly, that we can not obtain lunacy statistics even of a tolerable degree of accuracy in America. And yet he goes on to say that there can be no doubt that there is a moderate increase in lunacy, as well as in all other diseases of the brain and nervous system. On this last point we can not agree with the learned lecturer. If it is impossible to obtain statistics "of even a tolerable degree of accuracy," on what foundation is it declared confidently that "there can be no doubt of a moderate increase" in these affections? A careful perusal of the extracts we make from Dr. Folsom's remarks must convince any one, we think, that the increase is in all probability only apparent, and is fully accounted for by the lecturer's well-collated facts. If we remember correctly, Dr. Folsom believes —and we are quite of the same opinion— that intermarriage of relatives is only dangerous in its results to the offspring so far as the cohabiting persons may be of unsound constitution. In other words, the children of close blood relation, if the parents be healthy, vigorous people, without hereditary taint or tendency, are just as likely to possess sound minds and sound bodies as though their parents were in no way related to each other. From time immemorial the church has taught that consanguineous marriages are sinful, and the state prohibits them, beyond a certain degree, because of the supposed deleterious effects upon the offspring. Popular feeling in all Christian countries is shocked by the intermarriage of close relatives; but we believe that the idea is erroneous, and is founded greatly on sentiment. Assuredly it is, to say the least, an open question.

We can not procure statistics of even a tolerable degree of accuracy with regard to the numbers of insane in the United States or in the several states. According to the various censuses, the proportions would vary from about one in four hundred to one in as many thousand, but these figures are manifestly inexact. The statistics of England, France, and Massachusetts indicate an enormous increase in the numbers of the insane who become a public charge in each successive decade, and the figures gathered from all countries prove conclusively that more insane people are *known* to be in existence proportionately to the population from year to year. The question naturally arises, Is insanity increasing as fast as appears at first sight to be the case, or is the increase apparent rather than real?

In the first place, the definition of insanity has so *widened of later years as to include vastly greater numbers of the population than hitherto.* Large numbers of persons now confined in our asylums would have been considered far from being insane a half century ago. Until about the beginning of this century the courts almost universally held that to be exempted from punishment on the ground of insanity a man must be deprived of all memory and understanding, and no more know what he is doing than "an infant, brute, or wild beast." Less than fifty years ago the capability of repeating the multiplication table was gravely propounded in an English court as a test of sanity in a case involving a large sum of money, while at that time insane asylums

were veritable Bedlams, where chains and dungeons formed a large part of the treatment. Now you will observe at Danvers that in many wards some patients are quiet and orderly; in some the inmates are as well behaved as the corresponding class of persons outside of asylums; while not a few have either self-control, moral sense, or the faculty of exact and logical reasoning to an extent which would not do discredit to the great proportion of the world at large. In a word, take ten thousand people at random now, and probably *at least twice as many would be called insane as in the same number fifty years ago.*

Again, it is hardly a generation ago that we commenced taking care of the insane. Some states have not fairly commenced yet, and even in parts of New England those of unsound mind are neglected and squalid in town almshouses or county jails. In our state, as in England, France, Germany, and *wherever humanity has demanded improved accommodations for the insane, they have accumulated enormously,* from the simple fact that they are protected like children, and *kept from dying of neglect, suicide, and exhaustion.* In other words, science and humanity have *prolonged their lives of illness* to as much as tenfold their natural length in some cases, if they were left to themselves, even where nothing can be done but to protract their misery. The more intelligent views now held of insanity as a disease rather than a possession by the devil have led people to be *less backward in reporting their insane relatives as such,* while the increasing number of insane asylums and the growing confidence in them have brought many of the insane to notice who formerly would have been concealed in attics or cellars and never mentioned.

The alleged frightful increase in mental disease which statistics can be made to show certainly does not exist. Whether or not more persons become insane each year in proportion to the population, we have no methods of determining statistically. There can be no doubt, however, that there is a moderate increase in that as in all other diseases of the brain and nervous system. . . . The causes of this increase are twofold: first, in the greater predisposition to disease, hereditary tendency; secondly, in the greater number of exciting causes in our complex modern civilization, which forces upon men such an exciting part in the keen struggle for existence, and subjects them to such deep and various affections of their emotions and feelings. The increased predisposition to insanity is one of the indications of degeneracy of stock. Under the fostering influences of our skill and humanity defectives are raised, and many who formerly would have died in early life live to maturity, marry, and beget a feeble offspring predisposed to disease. Persons suffering from the severe neuroses are able to perform the light labor demanded in many of our arts and manufactures who would soon have disappeared, on the principle of the survival of the fittest, when physical strength was necessary for existence. The desperate seeker after wealth and position expends his energy in the eager race, and leaves to his offspring a legacy of exhausted vitality; and many of the fashions of the day encourage moral weakness and physical decay. *Greatest of all curses,* however, in this regard is *the abuse of alcoholic liquors, which certainly stores up more insanity for future generations than any other one cause.* . . . Insanity is one of the penalties which we are paying, perhaps not necessarily, for our many luxuries and modern culture in the transmission of impaired energy and strength to descendants, thereby increasing their chances of insanity when exposed also to its exciting causes. In former times the great pestilences swept away a great many of these defectives. Now these very plagues have been found to depend upon natural laws, and to be preventable. . . .

The exciting or immediate causes of insanity are extremely numerous, the disease occurring in order of frequency at the following periods of life: twenty to thirty (maximum), thirty to forty, forty to fifty, fifty to sixty, sixty to seventy, ten to twenty, seventy to eighty, eighty to ninety, naught to ten (minimum), and *more often in the most ignorant and degraded class of a civilized people than among the higher and educated, reaching its maximum where civilization and misery coexist.* . . .

A physician is often asked by parents what is the cause of insanity in their children, when the only true answer can be that it is simply a natural and logical evolution from conditions in the parents themselves. Among its antecedents are not only insanity in ancestors, but also *epilepsy, neuralgia, pulmonary consumption, hysteria, and especially habitual drunkenness.* Excessive overwork or absorption in one great idea of money-making, with the everlasting drive night and day for position or wealth, exhausts the vital energy, and is not an uncommon source of mental disease, mysterious to those who propagate it, but readily explainable by the medical psychologist. . .

The *predisposing causes* are chiefly hereditary: drunkenness of both parents, or one at the time of conception; intermarriage of persons, whether relatives or not, with a family tendency to epilepsy, syphilis, rheumatism, chorea, hysteria, habitual drunkenness, dipsomania, insanity, neuralgia, or any of the cerebral and spinal neuroses; the abuse of tobacco, opium, and chloral; frequent attempts at abortion; injuries or excessive emotional disturbance during gestation; the risks of birth in large children, including compression of the head, etc.; in fine any conditions of mental or physical exhaustion and decay. In making up one's mind upon the point of inheritance it is necessary to examine the history not only

of parents, but of grandparents, uncles, aunts, sisters, brothers, and cousins.

Among the *immediate* or *exciting cases* of insanity are the various conditions of ill health, now so much more commonly reported in our asylum records than fifty years ago, as to indicate a decided diminution in the resistance of the race to disease; the misuse of alcohol, opium, tobacco, chloral, etc.; a stagnant life and occupations exhausting the system without furnishing suitable recreation; disturbances during the period of development and adolescence; masturbation; in women, morbid processes during the great physiological changes in conception, gestation, childbirth, lactation, menstruation, and change of life, as well as repeated abortions, uterine disease, love affairs, seduction; sexual excesses; great emotional disturbances, fright or shock, adverse circumstances, loss of friends or relatives, domestic troubles or grief, religious anxiety or excitement, disappointed affections, wounded feelings, excitement of politics, business, etc.; pauperism and want; epilepsy; injuries to the head or spine; sunstroke; the various acute diseases; the cachexia of syphilis and pulmonary consumption; heart-diseases producing disturbances in cerebral circulation.

Original.

DIET FOR THE SICK.

LECTURE NOTES FOR THE MEDICAL CLASS, UNIVERSITY OF LOUISVILLE.

BY J. W. HOLLAND, M. D.
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It is a matter of moment to an invalid that some body other and wiser than himself should take thought of what he shall eat and wherewithal he shall be clothed, no less than with what physic he shall be drugged. The better part of the modern treatment of many diseases consists in the ingenious arrangement of the details of food and nursing. An important class known as the specific fevers, such as typhoid, scarlet, and yellow fever, as well as other maladies no less severe, are treated by the masters of today according to what is known as the "expectant" or "let-alone" plan. In the absence of known specifics, or medical helps of assured value, they abstain from meddlesome experiments that probably lower vital resistance, and expect, by regulated diet, careful nursing, and external appliances, to bring the trouble to a favorable end. The natural history of these diseases, when let alone, has shown that they tend to limit themselves and that a wonderful array of drugs which, through the ages, have been vaunted as cures for them in reality have had no influence that could be called remedial. Even in the large class in which medicines are of undoubted benefit, the amount, character, and time of eating and drinking, can not be safely left to the half-knowledge of the average nurse still less to the taste and traditions of the sick. The doctor is as responsible for the regimen of food as for the prescription; to the pharmacist belongs the duty of rightly compounding the latter; while to the nurse should be left, not the details of the former at discretion, but simply the administration of diet and drug. To get loose from the clutches of the many-headed monster, Indigestion, a rigid adherence to a dietary laid down by the doctor is essential. Appetizers, antacides, and digestants do little good so long as the invalid persists in his ordinary diet, which, if not the procuring cause, in most cases perpetuates the morbid action. An experience of ten years in examining medical graduates reveals a tendency in them to consider themselves "medicine men," as shown by the undue importance they attach to the pills, powders, and potions they are prepared to give. They ignore the great fact that generally upon a full and carefully-selected diet the patient must depend for the natural strength which is to be the chief reliance in stemming the adverse tide. By collecting in one short course the advice upon this subject usually given under various widely-separated headings, it is believed that both convenience and thoroughness will be best achieved.

It would doubtless lend to this lecture an appearance of greater scientific precision if it led off with a series of tables, giving the chemical constitution of foods and their muscle-building and heat-producing value. While some help of a certain kind may be conceded to such tables, it would be beside the mark to quote them here; they would weigh a plain matter down with learned lumber. In the sick-room we are determined in our choice by an abnormal condition in which both appetite and digestive power are either perverted or lessened. The question is either "What can he take?" or "What can he assimilate?" rather than "How much nitrogenous or how much carbonacous matter can the chemist detect in the solid residue? The experience of the sick room as interpreted by the doctor is the best criterion, not the dictum of the analyst. What Bacon says of the regimen of health applies to some

extent here also. "There is wisdom in this beyond the rules of physic—a man's own observation what he finds good of, and what he finds hurt of is the best physic to preserve health." Appetite is a very different thing from digestive power; it is often helpful, indeed necessary, to feed when there is no appetite, and again to forbid the satisfaction of an appetite which may be itself a symptom of disease. It should never be forgotten that to be too generous in diet is as bad as to be niggardly. The consequence of excess is indigestion, which to the original mischief adds a new irritation with an impaired power of receiving strength from food. Virtually the invalid is underfed when he takes more than he can digest, starving in the midst, indeed, on account of his plenty.

As between two articles of diet equal in other things, of course one should choose that which the laboratory pronounces to contain the largest number of alimentary principles combined in the best proportion. The human body may be likened to an eddy into which solids and liquids are drawn from the current of food, a due and regular supply is needed to keep it at its fullest and most effective whirl. The force must be kept up, and every part must be replaced as it flows away in the excretions by a variety of material to correspond to varied uses and structure. For example, in milk, the exclusive nutriment of the infant, all the varieties of food are represented. The omission of any of these for a lengthened period would prove disastrous to a well man, and is all the more to be deprecated under the conditions of increased waste found in the sick. It is the modest aim of these lectures to give a short account of the chief articles of diet used by the sick, and then to point out the practical dietaries framed by the experience of mankind, and confirmed by the teachings of science.

KINDS OF FOOD.

For convenience food principles have been classified as follows: 1. The inorganic group of water and the mineral salts; 2. The starch and sugar group; 3. The fats; 4. The albuminoids or flesh-formers.

Water.—Water, a member of the first group, is the most important of all, and constitutes the larger part of all food, solid as well as liquid. Forming three fourths of the body weight, and essential to perfect organization of every member, it is also the common carrier. Without ceasing it is discharged at some gateway as perspiration, the vapor of breath, or urine fulfilling the indispensable office of scavenger to the wornout substances that poison us if retained. During the day a healthy adult needs an average of four and a half pounds of water. It is never drunk chemically pure; as nature does not supply it in that state, the presumption is that we do not require it. It is pure, medically speaking, when it does not contain mineral poisons nor organic matter injurious from its quantity or specific character. If, owing to its taste, color, odor, or source, any suspicion rests upon it, a better kind should be got if possible. It is an accepted opinion that cholera, dysentery, diarrhea, typhoid fever, worms, and other maladies are frequently due to unwholesome water. Filtration will not rid it of this quality, boiling is the only safe method of purifying, and should be practiced when, owing to an epidemic, a reasonable doubt is entertained. By boiling it loses its freshness, which fault can be to some extent remedied by adding ice, or by making a lemonade or a weak tea or a thin mucilage of elm-bark, barley, flaxseed, or watermelon-seed. There is no evidence of a conclusive kind to the effect that a palatable water is less wholesome because of its hardness; the habit of the invalid in this respect is the best guide. When charged with minerals to the extent of having a marked taste or special effect upon the body, it is a mineral water, and then ranks among medicines not foods. A liberal supply with the solid food is necessary for the highest state of health. In excess it causes increased waste of tissue and undue activity of the kidneys, skin, or bowels, according to the time and method of taking.

Common salt should be used according to the taste. It not only aids digestion by promoting the secretion of dissolving juices from various glands, but plays an active part in absorption and vital changes throughout the body. In excess it has a laxative effect, and would probably induce wasting.

The phosphates are largely present in the various foods, forming the chief constituent of meat-juice. Besides various essential functions connected with the blood and solid tissues, they are especially demanded for the nutrition of bones and nerves. If the normal supply is lowered the bones suffer in their solidity, hence the special demand for them in cases of rickets and allied affections.

Wheat bread is either white or brown. The white or ordinary lightbread is made from flour which contains no bran. It is highly nutritious, may be eaten continuously

without satiety, and contains some principles belonging to each of the four groups. It is somewhat deficient in fat, hence the advantages of using butter with it. If the loss of phosphates and albuminoid matter due to bolting be considered important, resort can be had to *brown or Graham bread*, in which they are retained with the flour of the whole grain. The inner scale of bran contains a ferment called cerealine, which has the power of aiding digestion by converting the starch of the kernel into sugar. The outer scale is indigestible, yet the retention of bran is advisable; it not only raises its food value, but promotes by a healthy irritation the secretion and motion in the bowels. If brown bread be sweetened by the addition of sugar or molasses in the process of making, the flavor is made more acceptable to the sensitive invalid. The laxative quality should be remembered in prescribing: at one time it may help, at another time hurt. Bread that is new, moist, and hot is chewed rapidly to a consistency proper for swallowing, and forms in the stomach doughy masses not thoroughly mixed with the saliva needed to digest it. If the stomach is enfeebled these lumps will remain undissolved for some time, retarding the other digestive processes, and in the end a part will pass into putrefactive change. The injunction should be strongly framed that the bread of the sick-room must be stale; that is, at least one day old before it is cut. Usually it is better the third day than the second, digesting easily then in from three and a half to four hours.

Crackers contain more nutriment weight for weight, but require more perfect mastication, and on account of their dryness are best given in or with some beverage.

Pastry is so very difficult of digestion that it is hardly necessary to name it in this connection.

[TO BE CONTINUED.]

Reviews.

The Management of Children in Sickness and in Health: A BOOK FOR MOTHERS. By AMIE M. HALE, M.D. Philadelphia: Presley Blakiston, No. 1012 Walnut Street. 1880.

We have looked through this little book with much pleasure, and we commend it to our readers as well worthy of perusal. The author says:

> At the outset I wish to urge upon mothers a few considerations whose reasonableness will, I think, be easily apparent.
>
> Do not be too ready to adopt general maxims or inflexible rules for the treatment of your children, such as that "an infant should have a cold bath every day," or that "food should never be given between meals." Be satisfied with principles, and in details be governed by circumstances. Remember that conditions vary constantly. In case of illness, serious or otherwise, when you have chosen a physician do not hastily discard his advice for that of the well-meaning but mistaken mother or aunt or neighbor. It is true the doctor may be wrong, but the chances are a thousand to one that it is the friend who is so. Consider that, although she may have raised half a score of children, his experience is wider than hers. A physician in good practice sees more disease in one epidemic than the most peripatetic neighbor, who is "so good in sickness," sees in a lifetime. The doctor, too, trained as he is to observe details, sees things which escape the unprofessional eye, and he knows also their relative importance. I speak of the well-educated physician, and have no wish to undervalue those sensible, good women, whose practical experience is worth more than the superficial knowledge of the ignorant graduate, whose study is a sham and whose diploma is a fraud. I wish chiefly to indicate the fact that amateur doctoring, although it may chance to do well, is an unsafe dependence, since it has few principles to guide it, and its practice is founded upon a limited number of facts, and those but imperfectly understood. Like every thing else amateur, it is wholly unsatisfactory when tried by any high standard of professional art.

Would that the conceited and meddlesome grandmother, and the still more conceited and still more meddlesome maiden aunt, who has passed the age of probable matrimony, could be brought to believe these truths and to act on them. But alas! there is no hope of this. Unfortunately, these insurmountable obstacles to infantile health and domestic comfort are impermeable to hygienic and therapeutic truth, and resist common sense as the goose's feathers shed water. Tradition is their god of medicine, and their personal experiences are his revelations to them. It does no good to tell these fanatics and lunatics, as Dr. Amie Hale does, that "according to the Report of the Board of Health of the City of New York for the year 1876, 14,208 children under five years old died during the year. The whole number of children under five years of age in New York is computed to be 130,000. Of these one hundred and ten in every thousand die," for they are joined to their idols, and will die in the belief that they know more about raising children than all the doctors do.

Dr. Hale's ideas of diet we can not altogether indorse. Like most doctors, she puts more faith in the food-theories of the physiologists and chemists than she does in the appetite instincts of nature. If children's diet were left more to the fancy of the young

animal, as in the case with pigs, calves, colts, and the like, the mortality among the young of the *genus homo* would be far less. The negro children of the South in the days of slavery were the healthiest children we have ever seen. They grew up with quite as little difficulty as they were begotten and delivered. They played in the dirt, ate whatever they pleased (fat bacon was their favorite food), lived out of doors, and were washed seldom. In other words, like the other farm animals, they were raised in a state of nature.

The chapter on clothing is exceedingly judicious, and that upon air and exercise is good, but too much restraint is advised. Altogether it is an exceptionally good book.

The Practitioner's Handbook of Treatment, or the Principles of Therapeutics. By J. MILNER FOTHERGILL, M. D., Member of the Royal College of Physicians of London; Assistant Physician to the City of London Hospital for Diseases of the Chest, Victoria Park; Assistant Physician to the West London Hospital; Associate Fellow of the College of Physicians of Philadelphia. "The knowledge which a man can use is the only real knowledge—the only knowledge which has life and growth in it, and converts itself into practical power. The rest hangs like dust about the brain, or dries up like raindrops off the stones."—*Froude*. Second American from the second English edition, enlarged. Philadelphia: H. C. Lea's Son & Co. 1880. For sale by Bradley & Gilbert, Louisville, Ky.

This work, says Dr. Fothergill in his preface, is not an imperfect Practice of Physic, but an attempt of original character to explain the rationale of our therapeutic measures. First, the physiology of each subject is given, then the pathology is reviewed so far as they bear on the treatment, next the action of remedies is examined, after which their practical application in concrete prescriptions is furnished.

This, the second, edition of Fothergill's Handbook of Treatment contains chapters on the following subjects not treated of in the first edition: When not to give Iron; The Functional Disturbances of the Liver; The Means of Acting upon the Respiratory Nerve Centers; The Reflex Consequences of Ovarian Irritation; and Artificial Digestion.

Dr. Fothergill is today, in America, the most popular of foreign authors, and his books always find a ready sale. At an early day we shall take occasion to notice the Practitioner's Handbook of Medicine at greater length.

Books and Pamphlets.

NATIONAL SANITATION. By J. C. LeHardy, M.D., Savannah. Reprint from Transactions of the Medical Association of Georgia, 1880.

Sanitarians should read this.

PEPTONIZED MILK AS FOOD FOR INFANTS AND INVALIDS. By R. J. Nunn, M.D., Professor of Theory and Practice of Medicine in Savannah Medical College, Savannah, Ga. Reprint from the American Journal of Obstetrics, etc.

Well worthy of perusal.

WHAT CONSTITUTES A DISCOVERY IN SCIENCE. By Geo. M. Beard, A. M., M. D., New York.

This is a defense of Dr. Beard's claim for originality in his treatise upon nervous diseases. He says very truly:

The first honor in science belongs to him who organizes. To organize a science—to vitalize it, so that it may live and grow, is to make ones self expert in it, and to point out the way for others also to become experts.

There are three stages of evolution through which all new ideas, before they are received into the full and unchallenged fellowship, have passed, are now passing, or are destined to pass:

First—The stage of indifference. In this stage the thinker not only has no opponents, but no audience; he must be his own listener and critic, as well as his own and only disciple. Not a few of the great discoverers, like Copernicus, have died before their discoveries could evolve out of this long and dreary period.

Secondly—The stage of denial. A few are awaking to the new truth, but declare that it is not truth. This is the non-expert's hour and the delusionist's opportunity to lead that opposition which is, every where, the inspiration and the sustenance of genius. Active opposition is therefore an encouragement to the friends of ideas; it is the first sign of growth; the plant has burst through the soil, and must meet with the winds and storms.

Thirdly—The stage of contests of priority. Now men say the discovery is important and true, but did not originate with the discoverer; some non-expert hath done this. The activity of this stage keeps history alive; since those who have risen to its level drink the past to its dregs for proofs that the world's work has not been done by its workers; they become themselves original in their search for originality. In this stage, indeed, antiquarian research attains oftentimes the wisdom of philosophy and the perfection of art; since it is demonstrated again and again that what we call modern science is really ancient; that the latest truths are but survivals of the oldest, and that Newton and Faraday, Hunter and Harvey, Fulton and Morse, were but feeble and conscienceless imitators. During this very year, it has been shown with a clearness and force that suggest pure mathematics, that Edison, the controller of hundreds of patents, is one of the few Americans who never invented any thing.

These three stages are not always distinctly defined, but they always exist, and must be traversed by every new thought that comes to an unwelcoming world.

Miscellany.

THE BELL NUISANCE.—We ask the serious attention of the clergy to these words of wisdom from the Lancet:

Complainings come from the city of what may be called the bell nuisance. This is a matter in which the sick and the sensitive have a keen interest. To healthy persons generally it may not be a source of serious annoyance, although many would, if they confessed the truth, be found to agree with Mephistopheles, in the play of "Faust"—so admirably rendered by the late Mr. Phelps—when, stopping his ears, he exclaims, "What execrable taste some people have!" No inconsiderable proportion of the community, however, are not in such robust health as to be able to endure the clanging of church-bells in a city, where the sound reverberates along the roofs of lofty houses and around chimney-stacks, reaching the ground between high and bare walls, like the noise of keys rattling in a box. In the rural districts, where the sound is softened and subdued by trees, and there are no long and confined streets to intensify the clangor, the result is different. The suffering caused to the sick by these bells is very great, and to many persons who are in health, but have the misfortune to be compelled to work with "what they are pleased to call their" brains, the effect is almost maddening. It is much to be regretted that something can not be done to mitigate this nuisance, for such it really is. Prejudice will, of course, defend the ringing and tolling of church-bells in cities as elsewhere, although the conditions are altogether different; but if the clergy are considerate as well as wise, *they* will consent to minimize instead of augmenting the stress of the evil, else there may come a time when the maledictions heaped upon the practice of bell-ringing and tolling *sotto voce* will be as loud and deep as the clanging that now rouses the evil spirits instead of laying them.

STUDENT THIEVES.—For a long period of time there have been occasional instances of theft by medical students reported from the different hospitals and schools, both in London and the provinces (Med. Press and Circular). Guy's, Charing Cross, the London, St. Mary's, Manchester, Leeds, Birmingham, and many others have been the scenes of these petty depredations, and in the majority of instances the culprits have been students at one or other of the great centers of medical education. The latest addition to the list is St. Bartholomew's, a student of which school is now under remand, charged with the commission of a large number of thefts from his fellows. The reflections to which these unhappy disclosures lead are by no means comfortable. They tend to prove the truth of the statement made to the effect that there is a certain and possibly not inconsiderable number of young men who register as medical students, and who are morally unfit to become members of an honorable profession. Whether it is that these unfortunate youths are led into temptations that necessitate their extricating themselves from pressing difficulties by actual dishonesty, or whether criminal by inclination, they sink deeper and deeper into ruin, the fact nevertheless remains that a certain worthless residue does exist, and how to eliminate it and destroy its damaging effects must be one of the problems to be solved by the reformers of the future.

TANNER'S STARVATION.—As a scientific experiment, Dr. Tanner's fast ranks but little higher than the prolonged walks, swimming contests, etc. which have recently been so common. Its sole object, so far as we can learn, is to ascertain not whether a man can live forty days without food, which has already been proved in undoubted cases, but whether Dr. Tanner can live, as he says he can, forty days without food. On the other hand, it has been proved that death may occur at a much earlier period.—*Lancet.*

WOOL-SORTERS' DISEASE.—This affection has recently caused several deaths in England. The symptoms in a case mentioned in the Lancet were pains in the limbs, debility, restlessness, sleeplessness, and bronchitis attended by collapse. Death occurred twenty-four hours after the man was compelled to quit work. Post-mortem examination showed anthrax to be the cause of his death.

KNOWLEDGE.—"What we know to know that we know it, and what we do not know to know that we do not know it."

Dr. Beard, of New York, quotes the above from Confucius. Possibly the superior wisdom of Dr. B. and the late C. may understand it, but its sense we fail to perceive.

BRONZE-POISONING.—Several fatal cases in printers and workers in bronze-powder have occurred in England lately.

DR. HOWARD'S METHOD OF RESTORING A PERSON APPARENTLY DROWNED.—By J. H. P., in British Med. Journal of July 31st:

This is the plan taught by a man
In America much renowned
To give back breath and snatch from death
A body apparently drowned.
Those who are the standers-by
Off his wet things now must take,
Must rub him very warm and dry,
And of his clothes a bolster make.

The first step is to make him sick,
So turn him on his face;
Your roll beneath his stomach stick,
And the corresponding place
Upon his back press thrice or more;
Each time you press count slowly four.

The next thing is to make him breathe;
Therefore turn him round,
Put your roll a bit beneath
Where the shoulder-blades are found;
Then place his arms above his head,
His hips between your knees;
Your hands upon his ribs you spread,
And his sides together squeeze.

With elbows steadied on your hips,
You sudden forward press;
The weight of your body as it tips
Will make this labor less.
Backward and forward now you go,
Eight or ten times per minute, slow,
At the very least for an hour or so.

If the breathing does come back,
Let it have its way;
But if it should get too slack,
Quicken it you may.
When he breathes, the standers-by,
Who all the time have rubbed him dry,
Put him in the bed they will,
And leave him now to doctor's skill.

TOBACCO AND CARBONIC OXIDE.—The discovery, some years ago, by M. Gréhant that carbonic oxide is one of the products of the combustion of tobacco, has led to the suggestion that the deleterious effects of tobacco-smoking are due to this substance (Lancet). The suggestion seems improbable enough when we consider what powerful poisons are liberated at the same time; but the theory has seemed to M. Gustave Le Bon worthy of a careful experimental investigation, the facts of which are of some interest. The quantity of carbonic oxide formed was discovered to amount to about eight hundred cubic centimeters for each ten grams of tobacco burned. One per cent of carbonic oxide in the air breathed will cause death in twenty minutes, and its action is effected, as Claude Bernard showed, by combining with the hemoglobin. What dose of carbonic oxide, however, without being fatal, will cause dangerous accidents?

THE STRUCTURE OF THE SPERMATOZOA.—In the current number of the Quarterly Journal of Microscopical Science is a short paper by Dr. Heneage Gibbes, in which he states that he has found the spiral filament, discovered by him in the spermatozoa of several species of animals, as the rat, mouse, axolotl, pigeon, fowl, snail, and leech (Lancet). In the examination of different specimens of human spermatozoa, he has noticed a variation in the length of the tails, and in one specimen he found a number of heads with no corresponding tails. He throws out the suggestion that these variations may have some important bearing. It is quite possible that tailless spermatozoa may not be able to fertilize the ovum, while the greater the length of the tail the greater the locomotion and fertilizing power may be. Dr. O. S. Jensen, of Bergen, has found the spiral filament in the semen of horses; and Professor Fleming, of Kiel, has also confirmed Dr. Gibbe's observations, both as to the existence of this filament, with its mesentery, and the different reaction to staining fluids of the head and middle part of spermatozoa.

"NARCOLEPSY."—Under the name of narcolepsy M. Gelineau describes, in the *Gaz. des Hôp.* (British Med. Journal), a rare form of neurosis, characterized by an irresistible desire to sleep, sudden in its onset, lasting but a short time, and recurring at more or less prolonged intervals. This neurosis has some analogies with somnolence and catalepsy. It was described for the first time, in 1862, by Dr. Casse, who referred it to a serous and passive congestion of the meninges and of the brain. The persons suffering from it fall asleep any moment; their sleep lasts for a few minutes, and they then recover their consciousness. The patient whose case is reported by M. Gelineau fell asleep in this way four or five times during his dinner, letting his knife or fork fall, and breaking off in the middle of a sentence he was uttering. Up to the present time the most varied kinds of treatment have failed to give any good result.

[We have encountered two cases of this sleepy disease. One was a lieutenant of cavalry in the Confederate army. Before the war he was a dry-goods merchant, and since the war he has returned to his store. His narcolepsy dates from childhood. He is a very fleshy man, of more than average mental strength, and the father of several vigorous children. While selling goods, in the midst of a conversation, and even while

drinking a whisky toddy, we have known him to fall asleep. In a few seconds or moments he would awake, apparently unconscious that he had slept. A Confederate general of great intellect, an enormously obese man, was the second case. If talking when the sleep came on, these gentlemen would, on waking, resume where they had left off.]

PREVENTION OF INSANITY.—A purely intellectual life is one of the best antidotes to insanity. A philosopher, though he may have no offspring, or those of an impressible and sensitive temper only, is less likely himself to have mental disease than the emotional and uneducated mechanic or laborer. The man who thinks for himself on noble themes, and works out for himself the philosophic problems of life, has so few rivals in his generation that he escapes the friction which drives to madness the pressing crowd in the lower ranks and classes and stages of activity. The world can wait for philosophy, and the philosopher can wait for its ufterance; while in the strife of business and professional competition there is constant imminence of care, anxiety, and overtoil.—*Dr. Geo. M. Beard.*

MEDICAL journalism in France seems to be in as bad a way as it is in this country (Boston Med. and Surg. Journal), if we may judge from the comments of a foreign exchange, which states that Bordeaux has just established its third medical journal; Toulouse and Rheims have each two; Montpelier three, Lille two, and Lyons, Limoges, Nantes, Nice, Marseilles, Caen, Tours, Nancy, and Rouen have each one. There are also two in Algeria. Besides these there are in several departments medical societies which publish their proceedings at monthly or longer intervals, and then the various mineral-water stations have their medical "journals" while the season lasts.

"WE observe," says the British Medical Journal, "that women are employed as public vaccinators in France. Among the list of vaccinators to whom medals have been awarded for successful vaccinations in 1878, two gold and thirty-six silver medals have been gained by women."

MACMILLAN & Co. have in press for publication in the early fall a book, entitled Food for Invalids, written by Dr. J. Milner Fothergill and Dr. H. C. Wood.

Selections.

ON THE INTRODUCTION OF TRACHEAL TUBES BY THE MOUTH INSTEAD OF PERFORMING TRACHEOTOMY OR LARYNGOTOMY.

By WILLIAM MACEWEN, M.D., Surgeon and Lecturer upon Clinical Surgery, Glasgow Royal Infirmary.

In the last number of the NEWS we made extracts from Dr. Macewen's first part of article in the British Med. Journal. He thus concludes in the same journal of July 31st:

Is the Introduction of such Tubes Easy?—The following is a question very often asked: Is the introduction of tubes into the trachea easy? This at all times must be a difficult question to answer for others, as the case will depend on the experience of the operator. Personally, having had considerable practice in the passage of esophageal bougies and catheters, I would be inclined to say that the introduction of tracheal tubes would be more difficult than the passage of urethral catheters into normal urethræ; but they could be passed a great deal more easily than catheters in most cases of urethral stricture. Before passing tracheal instruments in the living, it would be well to practice on the "subject," as this helps to cultivate the touch. Given a quiet patient in health, the introduction of the tracheal tube will be found almost as easy for the operator as its passage post mortem. In the two cases of edema glottidis which I have treated in this way, the introduction of the tubes was more easy than in the cases with healthy larynges. In the former, the parts were fixed, thrown further forward in the mouth, and much less sensitive, all favoring the introduction of the tubes. The first insertion is for the patient the most disagreeable, the subsequent ones being attended with comparatively few manifestations of uneasiness.

Mode of Introducing the Tubes.—The mode of introducing the tubes has already been alluded to in the remarks on the dead body. The only difference is that if any hitch occurred at the level of the cords it might be overcome by asking the patient to take in a deep inspiration, during which the instrument ought to be passed. The head ought to be thrown back during the insertion of the tubes.

Advantages over Tracheotomy.—Besides the superiority which the simple introduction of a tube into the trachea through the mouth has over a cutting operation, which in itself is not unattended with danger, the following points may be noted as advantages on the side of the former. The air, as it passes through the natural passages into the lungs, becomes warmed, moistened, and filtered. When a wound is made into the trachea through the neck and a short tube is inserted, the cold, dry, unfiltered air gets access to the lungs, and often produces fatal congestions. Every surgeon knows how difficult it is, even in hospital, to maintain for days continuously an uninterrupted supply of extraneous warmth and moisture; and how, now and again, in spite of the very best arrangements, a hitch occurs, during which cold, dry air gains access. The tubes introduced through the mouth do away with the necessity of supplying extraneous warmth and moisture. A tubular instrument, passed through the mouth into the trachea, will convey heated moist air into the lungs, and to a considerable extent will filter it of its dust and organic

particles. Even a tube, with one end in the trachea and the other projecting from the mouth, will attain, a few minutes after insertion, the same heat as the human body; and as a consequence will temper the air as it passes into the lungs. After a short time its interior will be covered with moisture, which will offer an extended surface for adhesion of organic particles, and so help to filter and at the same time moisten the air.

Cases in which these Tubes might be Used. It will be observed that I do not particularize the kind of cases in which tracheal tubes passed through the mouth may be used, further than by stating that there are obvious reasons for preferring tracheotomy or laryngotomy when foreign bodies are in the windpipe; and, on the other hand, for preferring tubes through the mouth where there are effusions of blood or serum, or collections of pus, into or about the submucous laryngeal tissue; or when any thing overhangs or threatens to occlude the laryngeal orifice. Again, it may be asked whether such instruments might not be of very considerable service in cutting short many spasmodic affections of the cords and upper portions of the larynx—such as spasmodic croup, laryngismus stridulus, and in some cases of incarceration of the epiglottis, etc. Tubes inserted in some such cases might not only relieve the spasm, but also help to cure the disease by destroying the habit.

Cases in which the disease, or at least the necessity for using the tubes, would be of short duration, are the most suitable for this procedure. Again, where the person is too weak, or objects to have tracheotomy performed, or where the practitioner does not care about performing it, the tubes passed through the mouth might be used, even in the latter case, to gain time to allow an operative surgeon to be called.

The tubes must necessarily be of various sizes, so as to suit the various larynges into which they may be introduced. At present, a tube of a better shape and form than that which is now in use, and one that will present other advantages, is being prepared for me.

It must be obvious that the time during which the tubes are retained must depend on the case. In some, a few hours might be sufficient to dispel the edema; in others, a much longer period is necessary.

How to Recognize that the Instrument is in the Trachea.—How would one recognize the presence of the instrument in the trachea? 1. By finding the instrument pass over the first ring or two of the trachea; 2. By finding that the air flows into the tube during inspiration and out during expiration; the opposite being the case if it be in the esophagus; 3. By the mucous expectoration being expelled from it; 4. By the negative signs that it is not in the esophagus or stomach—that is, blowing up the stomach through the tube, etc. Before introducing the tubes, an examination by the laryngoscope ought to be made to ascertain the precise state of the parts.

Deductions.—The practical deductions which may be drawn, *tentatively* at least, from these cases are as follows:

1. Tubes may be passed through the mouth into the trachea not only in chronic, but also in acute affections, such as edema glottidis.

2. They can be introduced without placing the patient under an anesthetic.

3. The respirations can be perfectly carried on through them.

4. The expectoration can be expelled through them.

5. Deglutition can be carried on during the time the tube is in the trachea.

6. Though the patient at first suffers from a painful sensation, yet this passes off, and the parts soon become tolerant of the presence of the tube.

7. The patient can sleep with the tube *in situ*.

8. The tubes, in these cases at least, were harmless.

9. The ultimate results were rapid, complete, and satisfactory.

10. Such tubes may be introduced in operations on the face and mouth, in order to prevent blood from gaining access to the trachea, and for the purpose of administering the anesthetic; and they answer this purpose admirably.

Acidity as a Cause of Sterility.—In the *Bulletin de Thèrapeutique* Dr. Charrier publishes a paper which he read at the Paris Société de Medicine. It terminates with the following conclusions (Medical Times and Gazette): 1. In some rare cases in women who are otherwise quite well the utero-vaginal secretions are quite sour, as seen by their reddening litmus. 2. This acid may prove an absolute obstacle to fertility, as spermatozoa are killed in even a slightly acid medium. 3. This abnormal state is to be remedied by an alkaline treatment, by means of alkaline drinks, and baths, and tepid alkaline injections. 4. When this acid condition has been neutralized, conception may take place. (Two cases in point are detailed.) 5. This disappearance of acidity under the influence of alkaline treatment may explain the success which is obtained at alkaline and sulphuro-alkaline mineral-water establishments in the treatment of sterility. In a note in the *Bulletin* of June 30th Professor Pajot entirely confirms this statement, and says that for many years past he has been in the habit of prescribing injections of Vichy water in these cases of acid vaginal discharges. He observes that in fair women, and especially those with a red complexion, and more rarely in brunettes, the acidity of the secretions sometimes reaches such a point that, in spite of extremest cleanliness, the acid odor is perceived during the passage of the speculum. Dr. Charrier says that the best liquid for injection in these cases is that devised by Byasson (one thousand grams of water, the white of one egg, and fifty-nine grams of phosphate of soda), in which he was enabled to keep spermatozoa alive for twelve days at a temperature of 36° C.

Albugo cured by Galvanism.—The British Medical Journal's Melbourne correspondent writes: Dr. Browning, who is devoting his time principally to electro-therapeutics, has been most successful in treating a case of albugo, with leucomatous patches in both eyes, by galvanism. The patient, a little girl of about fourteen years, had been suffering for about twelve months. The *modus operandi* consisted in using a small current of four cells, the negative the-ophone, attached to a sponge, being applied over the closed eyelid, the positive placed behind the ear, the continuous current lasting from two to five minutes. This treatment was continued twice a week for about three months.

Birth of a large Child without Instrumental Aid.—Mr. Edward T. Thompson, L.K.Q.C.P., reports, in the British Medical Journal of July 31st, a seventeen-pound child delivered without instruments. It was dead before labor began.

Ipecac in Dysentery.—Dr. J. H. Courtenay, of Jamaica, writes in the Lancet: And now it will be asked, does the ipecacuanha treatment never fail? and is it an absolute specific for dysenteric disease? I can unhesitatingly answer, as far as my experience enables me to do so, that in the great majority of cases it most certainly does not fail, and that its effects are often magical; but I have met a few cases where no precautions or varieties as to administering small or large doses of the drug seemed to be able to avert the absolute intolerance of it. Under these circumstances I administered a bismuth-and-soda mixture containing five drops of sedative solution of opium in each dose. I also gave a powder containing mercury with chalk and compound ipecacuanha powder every four hours, and an opiate enema at night.

Several writers on the subject say that when this intolerance is present hepatic complications are to bo dreaded, but happily in the cases I have alluded to no such difficulties had to be encountered, and they quickly yielded to treatment; but I consider that when a patient suffering from dysentery is unable to take ipecacuanha, his chances of recovery are seriously lessened by such inability. My utmost expectations will be fully realized if this very imperfect outline of the treatment of tropical dysentery enables some new-comers to grapple with a disease that admits of no parleying with, and if the reopening of the subject is sufficient at least to arouse the attention of those who feel a great difficulty in yielding up preconceived ideas.

[Such is exactly our experience with this *radix anti-dysentericus*, as the Hindoo doctors call it.]

An Instance of the Mischievous Effect which may Arise From the Listerian Precautions in Abdominal Section.—Lawson Tait, F.R.C.S., in the Medical Times and Gazette of July 31st:

M. H., aged twenty-four, sent to me by Dr. Allen, of Dudley, was admitted to the hospital on June 21st with a large tumor occupying the right half of the abdomen and pelvis. It moved very freely, was the seat of great pain, and had been increasing rapidly. The diagnosis was that of a tumor of the right kidney, and at a consultation it was agreed to explore in the hope that it might be capable of removal.

On June 25th an exploratory incision was made, the relations of the tumor ascertained to be such that it could not be removed, and the wound was closed. The operation was a simple exploratory incision, of which I have performed a large number without the Listerian precautions, not only without ever losing one, but without ever having cause to be at all anxious about the recovery.

The only Listerian precaution used in this case was the carbolic spray. The strength of this spray I had been gradually reducing until now it is used of not more than 1.6 per cent. In this case very alarming symptoms set in within four hours of the operation, and within eighteen hours of the operation the abdomen was distended, the temperature rose to 105.1°, and the pulse to 160, so that I made up my mind she was going to die. It was not until the third day that distinct signs of improvement set in, and my patient appeared to be recovering.

The train of incidents were so precisely similar to those seen in a fatal case of ovariotomy, where death seemed due solely to thymol, that I at once instituted inquiries as to the possibility of some overdose of carbolic acid, and then it was discovered by the sister in charge that a mistake had been made in the bottle from which the spray mixture was taken, and that a very strong spray had been used; what strength is not accurately known, but probably five per cent.

That the alarming symptoms were due to acute peritonitis due to the spray is certain from the suddenness of their onset; and the only parallel in the whole of my experience is in the thymol case alluded to. When an abdominal operation is doing badly, the distension, temperature, and pulse-rise are not apparent, as a rule, until about fifty hours after the operation; never, in my experience, have they occurred under thirty hours, save in these two instances.

I have now abandoned all the Listerian precautions but the spray, and I need not say that this incident has not made my respect for it any greater. I can not speak authoritatively about the Listerian method in any department of surgery but my own, but in abdominal surgery it is an undoubted source of danger.

Inoculation of Intermittent Fever.—Some interesting experiments are communicated by Dr. Dochmann, clinical ordinator to Prof. N. A. Vinogradof, of Kasan (Physician and Surgeon), which seem to prove that notwithstanding the general opinion to the contrary, intermittent fever may be inoculated. He made three experiments, using as material for inoculation the contents of the vesicles of herpes labialis, diluted with water or glycerin. In the first experiment a healthy man, thirty years of age, was inoculated with the virus from a twelve-year old boy who had suffered from quartan intermittent fever. This was done on the 8th of February. On the 11th of February the subject had a severe paroxysm, with temperature at 39.1° C., and on the 14th again a modified paroxysm without chill, with temperature at 38.3°. As a second experiment three healthy men were inoculated from a girl suffering from quotidian intermittent, on the second day after diluting the virus with glycerin. One of the men had complete paroxysms for five consecutive evenings, with temperature at 38.5–39°. The other had an attack of fever without chill on the same evening. The third showed no symptoms of fever. Third experiment: On the 11th of April a girl was inoculated from an adult male, suffering from intermittent fever, of which the type was not given. She had two paroxysms, on the 14th and 16th.—*Vratsh.*

Fissures of the Anus.—In fissures of the anus, instead of employing forced dilatation, which is the classic remedy, Dr. Hamon advises the following means, which has succeeded with him in fifteen cases consecutively: It consists simply in touching the fissure with a camel's-hair pencil imbibed in a mixture of five grams chloroform and ten grains alcohol. Two or three applications effectuated at two or three days' interval suffice generally. The first time the pain is very acute, but diminishes on successive applications. *Ibid.*

On Saturday last, at the Charing-cross Hospital (Lancet), Mr. Barwell extirpated the left kidney of a girl, aged sixteen, the removal being effected through an opening at the loin. Long-standing and severe suppuration had greatly reduced the strength of the patient. The organ was large (six ounces and three quarters), tuberculous, and suppurating. Since the operation the patient has been doing so well that hopes of her recovery are entertained.

XUM

Trepanning the Tibia.—At the Société de Chirurgie M. Deleus, one of the members, communicated a case of trepanation of the tibia he performed on a young man who for five years experienced great pain in the superior extremity of the right tibia. This portion of the bone was apparently thickened and presented all the signs of ostitis, and there was every reason to suspect the existence of one of those encysted abscesses described by Cruveilhier. All medical treatment, particularly iodide of potassium in dram doses daily, having failed, trepanation was resorted to by M. Deleus, but no pus was found. On gouging through a part whose texture appeared to be softened and friable, the operator came on a cavity, but it contained no pus. The wound was closed up, and the man, who had suffered for five years to the point of losing all sleep, declared that his leg gave him no more trouble, the pain had completely disappeared. This fact seemed to prove, said M. Deleus, that there are other indications besides those of osseous abscesses for trepanations. M. Perier remarked that already three times he had trepanned the femur of a patient attacked with recurrent ostitis. After the first time the pain which had been excruciating, ceased immediately. There was no suppuration, and the patient got well in three weeks. A few months afterward the same patient returned complaining of the same pain and desiring another operation. Her request was granted, and again the pain disappeared. Yet a third time she submitted to the operation, after which she got entirely well. In none of those operations was pus found. M. Després thought that if M. Perier had traversed the bone with a drainage-tube, to be left *in situ* for a year or two, his patient would not have had a relapse. M. Cruveilhier declared that he had practiced trepanation five times, and twice only did he find pus. In one case he perforated the bone and placed a drainage-tube. M. Duplay had performed the operation for painful ostitis a dozen times, and always obtained good results.—*Paris Correspondence Medical Press and Circular.*

Arnica in Furuncles.—Dr. Planat, in *La France Mèdicale*, counsels the application of arnica in the treatment of furuncles purely inflammatory. Arnica arrests, with extraordinary promptitude, these eruptions, probably on account of its action upon the vasoconstrictor nerves of the skin. The pomade Dr. Planat employs is composed of two drams of the extract of the fresh flowers of arnica and half an ounce of honey. This mixture is spread on a piece of oil-silk and laid on the boil. The dressing is renewed every twenty-four hours. Two or three applications suffice to arrest the progress of the furuncle at no matter what stage of its development.—*Ibid.*

Acetate of Lead in Bronchitis.—An Italian physician communicated a case of "diffuse chronic bronchitis with abundant muco-purulent exudation," treated with acetate of lead, to the *Moniteur de la Policlinique.* The dose was two grains. The patient, who expectorated daily a quart and a half, had the night following the administration of the drug but expectorated half a pint, and the cough, which before was very harrassing, diminished. Each day the patient progressed under this treatment, and at the end of a fortnight was completely recovered. It was not until the bronchitis had entirely disappeared that traces of the lead were detected in the urine. The conclusions derived from the above case are, that acetate of lead given from two to three grains in the twenty-four hours acts perfectly in muco-purulent bronchial catarrh, diminishing in a rapid and effectual manner the exudation, and with it the cough, and that its presence is not declared in the urine before it has already produced its salutary effects on the respiratory organs.—*Ibid.*

Iodide-of-Potash Poisoning.—A case of acute intoxication produced by iodide of potassium was recently observed at the Hospital Tenon. The dose administered was half a dram, and to a man who had entered the hospital for a left hydrocele complicated with intense pain in the forearm and head. The symptoms observed were general malaise, fever, considerable redness and swelling of the eyelids, lips, and gums. The phenomena disappeared on the cessation of the potassium.—*Ibid.*

On a New Method of Arresting Gonorrhea. I read with great pleasure the article headed as above by Mr. Cheyne, and wish to state that I have adopted his method of passing medicated bougies up the urethra for acute and chronic gonorrhea. The bougies I used were made by Kirby & Co., 14 Newman Street, Oxford Street. The other day I thought I would use iodoform in the shape of a bougie. I therefore ordered some containing five grains in each, and have been very gratified with the result, which has quite come up to my expectation. I have been in the habit of using iodoform, both in the form of ointment and of powder, for some years, and with marked success, in the treatment of indolent varicose ulcer of the leg, soft chancres, etc.

The method I adopt in the treatment of gonorrhea is this: I first order the patient an injection containing ten minims of liquor plumbi and two grains of sulphate of zinc to an ounce of water, to be used frequently until the acute symptoms have subsided. I then pass a No. 9 bougie up the urethra as far as the ulcerated spot. I then apply a piece of lint over the orifice of the urethra, under the prepuce, and tell him not to pass his urine for some hours afterward. I order him to take as little liquid as possible and no stimulants. I generally pass one or two bougies a day. My patients generally get rid of the gonorrhea in a week. The only constitutional treatment I adopt is a brisk purgative, followed by tonics.—*J. B. James, M. R. C. S., in British Med. Journal.*

A Substitute for Quinine.—Dr. F. F. Habercorn urgently recommends the use of ethereal oil of mustard in fever, as being even superior to quinine. (The Physician and Surgeon). He has tried it in a great many cases, among others in more than fifty cases of chronic fever [intermittent?] He gives at a dose five drops of a ten-per-cent ethereal solution of oil of mustard, with two drops of an ethereal solution of thymol in a tablespoonful of water or wine; and in inveterate cases he adds three drops olei bassarum juniperi; six doses a day are given. While taking the medicine the patient must hold his breath. *Vratsh.*

The specificity of the tuberculous virus is determined in a higher school, and by means more in accord with the principles of science than clinical observation; and the recognition of it clears the field for prophylaxis and opens up a new and more promising outlook for the therapy of the disease.—*Dr. Jas. T. Whittaker, in the Medical Record.*